



**THIS APPLICATION MUST
BE FILED WITH THE TOWN OF
RAVARD ASSESSOR ON OR BEFORE
MARCH 1**

**RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION
FOR REAL PROPERTY OF PERSONS WITH DISABILITIES
AND LIMITED INCOMES**

APPLICATION MUST BE FILED WITH YOUR LOCAL ASSESSOR BY TAXABLE STATUS DATE
Do not file this form with the State Board of Real Property Services
General information and instructions for completing this form are contained in RP-459-c-Ins

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

Day No. () _____

Evening No. () _____

3. Location of property (see instructions)

Street address

Village (if any)

City/Town

School district

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot

4. Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking) _____

5. Indicate documents submitted with previous application as proof of disability unless proof of permanent disability was submitted in a previous year.

- ____ Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)
- ____ Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits
- ____ Certificate from State Commission for the Blind and Visually handicapped stating that applicant is legally blind
- ____ Award letter from United States Postal Service certifying disability pension
- ____ Proof of permanent disability submitted in previous year

6. Do all the owners of the property presently reside on the premises? ____ Yes ____ No
If answer to 6 is No, is an owner receiving medical care as an in-patient in a residential health care facility? ____ Yes ____ No
If answer is Yes, specify name and location of the facility. _____

7. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? ____ Yes ____ No
If answer is Yes, explain such use and describe the portion that is so used. _____

8. Income of each owner and resident spouse of each owner for the calendar year immediately preceding date of application MUST be set forth on next page (attach additional sheets if necessary).

Name of owner(s)	Source of income	Amount of income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of resident spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal income of owner(s) and spouse(s) \$ _____

9. Of the income specified in #8 how much, if any, was used to pay for an owner's care in a residential health care facility?
(Attach proof of amount paid; enter zero if not applicable.) \$ _____

(#8 minus #9) \$ _____

10. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located complete the following:

(a) Medical and prescription drug costs;	\$ _____
(b) Subtract amount of (a) paid or reimbursed by insurance:	\$ _____
(c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available):	\$ _____

Total income of owner (s) and spouse (s) [#9 minus #10 (c)] \$ _____

11. Did the owner or spouse file a federal or New York State Income Tax return for the preceding year?
____ Yes ____ No If answer is Yes, attach copy of such return or returns.

12. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? ____ Yes ____ No
If answer is Yes, show name and location of schools: _____

I certify that all the statements made on this application are true and correct.

Signature	Marital Status	Phone No.	Date
(If more than one owner, all must sign.)			

_____	_____	_____	_____
_____	_____	_____	_____

SPACE BELOW FOR USE OF ASSESSOR

Date application filed _____ Exemption applies to taxes levied by or for:

_____ Application approved	Town <input type="checkbox"/>
_____ Application disapproved	County <input type="checkbox"/>
	School <input type="checkbox"/>
	Village <input type="checkbox"/>

Assessor's signature _____

Date _____

THIS APPLICATION MUST BE FILED IN THE ASSESSORS OFFICE ON OR BEFORE BY MARCH 1ST

Town of Ramapo

STATEMENT OF INCOME FOR 2006

NAME OF OWNER OR OWNERS _____
SWIS CODE _____ SECTION _____ PLOT _____

APPLICANT MUST CHECK ALL APPROPRIATE SOURCES OF INCOME AS LISTED BELOW FOR THE PRIOR YEAR (2006) AND ENTER AMOUNTS. **PROOF OF ITEMS CHECKED MUST ACCOMPANY THIS STATEMENT.** IF YOU FILED A FEDERAL AND/OR STATE TAX RETURN, **A COPY OF THE FEDERAL RETURN IS REQUIRED.** PLEASE FILE THIS FORM TOGETHER WITH APPLICATION.

SOURCE OF INCOME

AMOUNT

1.	SOCIAL SECURITY	___ YES ___ NO	1. _____
2.	BONUSES	___ YES ___ NO	2. _____
3.	SALARY OF WAGES, INCLUDING ANY PART-TIME EMPLOYMENT	___ YES ___ NO	3. _____
4.	INTEREST	___ YES ___ NO	4. _____
5.	NON-TAXABLE INTEREST ON STATE & LOCAL BONDS	___ YES ___ NO	5. _____
6.	TOTAL DIVIDENDS	___ YES ___ NO	6. _____
7.	NET RENTS PLUS CURRENT DEPRECIATION	___ YES ___ NO	7. _____
8.	CAPITAL GAINS	___ YES ___ NO	8. _____
9.	GAINS FROM SALES OR EXCHANGES	___ YES ___ NO	9. _____
10.	NET INCOME FROM ESTATES OR TRUSTS	___ YES ___ NO	10. _____
11.	NET EARNINGS FROM BUSINESS PROFESSION	___ YES ___ NO	11. _____
12.	NET FARM INCOME	___ YES ___ NO	12. _____
13.	MONIES RECEIVED FROM GOVT'L OR PRIVATE RETIREMENT OR PENSION	___ YES ___ NO	13. _____
14.	ALIMONY OR SUPPORT MONEY	___ YES ___ NO	14. _____
15.	DISABILITY PAYMENTS	___ YES ___ NO	15. _____
16.	WORKMEN'S COMPENSATION	___ YES ___ NO	16. _____
17.	ANNUITY PAYMENTS	___ YES ___ NO	17. _____
18.	UNEMPLOYMENT INSURANCE	___ YES ___ NO	18. _____
19.	UNEMPLOYMENT INSURANCE	___ YES ___ NO	19. _____
20.	OTHER	___ YES ___ NO	20. _____
21.	TOTAL	___ YES ___ NO	21. _____

SIGNATURE (If more than one owner, all must sign)

_____ DATE _____

_____ DATE _____

APPLICATION SHOULD BE FILED BY MARCH 1ST AT THE OFFICE OF THE ASSESSOR, RAMAPO TOWN HALL, 237 ROUTE 59, SUFFERN, NY 10901